

DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF INSURANCE FRAUD  
EMPLOYMENT SECTION  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399-0324

**SUPPLEMENTAL APPLICATION  
LAW ENFORCEMENT INVESTIGATOR  
STATE OF FLORIDA**

Type or print legibly in ink

**PERSONAL**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

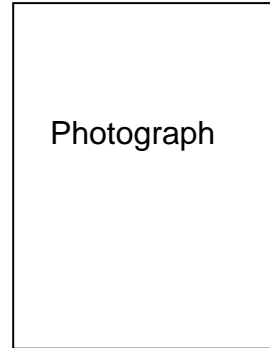
Maiden Name: \_\_\_\_\_

Other Former Names: \_\_\_\_\_

Nicknames: \_\_\_\_\_

Social Security Number \*: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_



Birth Place: \_\_\_\_\_  
City State Country

Citizen of the United States: \_\_\_ Yes \_\_\_ No Naturalization Certificate # \_\_\_\_\_

**WILLINGNESS QUESTIONNAIRE**

1. Are you willing to work flexible hours, including nights and weekends?  
( ) Yes ( ) No
2. Are you willing to travel and remain outside of your assigned duty station for extended periods of time?  
( ) Yes ( ) No
3. Are you interested in the position knowing that all state offices and vehicles are smoke free environments?  
( ) Yes ( ) No

\* NOTE: Your social security number has been requested for identification purposes and to facilitate a background investigation.

Revised: 12/05/07

4. Are you willing to accept the base salary as advertised?  
 Yes                       No
5. Are you capable and willing to perform the job duties, KSA's and responsibilities as advertised?  
 Yes                       No
6. The Division requires you to live no more than 30 road miles from your assigned duty station (office). Will you fulfill this requirement?  
 Yes                       No
7. Are you willing to perform special assignments (such as natural disasters, undercover operations, etc.) as needed?  
 Yes                       No
8. The Division of Insurance Fraud will serve and safeguard the general public against all acts of insurance fraud through education, detection, and prosecution. We believe that our values of professionalism, accountability, teamwork and commitment are all essential to carry out this mission. Are you willing to follow this mission statement and be dedicated to the values of the organization?  
 Yes                       No

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL SCREENING CRITERIA**

1. Are you currently certified as a Law Enforcement Officer in Florida?  
 Yes       No
  
2. Have you served as a law enforcement officer for the Federal Government or any other state for at least 3 years and are eligible to comply with Chapter 943.13(9), F.S.  
 Yes       No
  
3. Law Enforcement Experience  
 3 to 5 years  
 5 years or more
  
4. Investigative Experience  
 0 to 3 years  
 3 or more years
  
5. Education  
 Associates Degree or obtained 60 credit hours  
 Bachelor's Degree or higher
  
6. Financial Auditing Experience/Certified Fraud Examiner/etc.  
 Certified Public Accountant  
 Certified Fraud Examiner  
 Financial auditing or financial investigations 1 year or more
  
7. Insurance Experience  
One year or more as an adjuster, investigator, examiner, etc  
 Yes       No
  
8. Second/Foreign Language  
What language ? \_\_\_\_\_  
 Speak second language  
 Read and write second language

**GENERAL INFORMATION AND INSTRUCTIONS**

A background investigation will be required of all sworn position applicants and crime intelligence analyst applicants of the Division of Insurance Fraud. The information you provide in the State Employment Application and this supplemental application will be used to determine your eligibility and suitability for a law enforcement or crime intelligence analyst position with the Division.

Please complete this application accurately and neatly, without errors, omissions or misleading information. **Any misrepresentation, falsification, omission or concealment of a material fact may be considered grounds for exclusion from employment with the Division of Insurance Fraud.**

Questions must be answered with a **Yes, No** or **None** answer, and all questions must be answered. Applications that are incomplete and/or are not typed or printed legibly in ink will not be processed for consideration. If space is insufficient for complete answers, use additional sheets, the same size as the application, and number the answers to correspond with the questions.

**RESIDENCES**

<b>1. Current Address</b>		<b>Telephone Numbers</b>	
		Home	
Street	Apt. No.	(       )	-
		Work	
City	State/Zip	(       )	-

**Are you willing to be assigned anywhere in the State of Florida ? \_\_\_\_\_ If not, state limitations: \_\_\_\_\_**



**EMPLOYMENT HISTORY**

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

List all employment during the past five (5) years **not already listed on the State of Florida Employment Application.** Begin with the most recent. If you only had one employer during the last five (5) years, also list the next most recent job. List all employment with any criminal justice agencies you have ever held, no matter how long ago. Include military service and volunteer work.

Name of Employer: _____
Address: _____
Your Job Title: _____
Supervisor's Phone: (_____) _____
From: _____ To: _____
Annual Salary _____ / _____ Starting Ending
Supervisor's Name: _____ Title: _____
Your name, if different from application: _____
Duties and Responsibilities: _____
Reason(s) for Leaving: _____

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Supervisor's Phone: (\_\_\_\_\_) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Annual Salary \_\_\_\_\_ / \_\_\_\_\_  
Starting Ending

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your name, if different from application: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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Reason(s) for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Supervisor's Phone: (\_\_\_\_\_) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Annual Salary \_\_\_\_\_ / \_\_\_\_\_  
Starting Ending

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your name, if different from application: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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Reason(s) for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Supervisor's Phone: (\_\_\_\_\_) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Annual Salary \_\_\_\_\_ / \_\_\_\_\_  
Starting Ending

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your name, if different from application: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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Reason(s) for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Supervisor's Phone: (\_\_\_\_\_) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Annual Salary \_\_\_\_\_ / \_\_\_\_\_  
Starting Ending

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your name, if different from application: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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Reason(s) for Leaving: \_\_\_\_\_

3. Have you ever applied to or been employed by a criminal justice agency? \_\_\_\_\_

If yes, list agencies and approximate dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Provide the dates (month and year), a brief explanation and a summary of activities for any gaps in your employment history in the last five (5) years:

Dates	Explanation	Activities

Have you ever been dismissed, suspended, asked to resign, demoted, received a reprimand, or had any disciplinary action taken against you by any employer or supervisor?	<b>Yes/No</b>
Details, if yes: _____	
Have you ever had a formal complaint filed against you or been the subject of an internal investigation?	<b>Yes/No</b>
Details, if yes: _____	
How many days have you been absent from work during the past twelve months, other than planned vacations?	<b>Number</b>
Reason(s): _____	

Have you ever applied to carry a concealed weapon?	<b>Yes/No</b>
Details, if yes: _____	
Have you ever been denied an application to carry a concealed weapon?	<b>Yes/No</b>
Reason, if yes: _____	
Have you ever applied for any county, state or federal license, excluding drivers' license, hunting or fishing licenses ?	<b>Yes/No</b>
Type License: _____	

**CONFLICT OF INTEREST**

List all stocks, bonds, securities or other direct or indirect ownership interest in any business entity currently regulated by the Department of Insurance:

<b>Company</b>	<b>Nature of Business</b>	<b>Nature of Interest</b>

Have you or your spouse ever held a direct or indirect interest in a business licensed to sell insurance? \_\_\_\_\_ If yes, give details: \_\_\_\_\_

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Have you ever been employed by anyone licensed to sell insurance? If yes, give details: \_\_\_\_\_

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**ARREST HISTORY/COURT RECORD**

***SEALED AND EXPUNGED RECORDS***

Florida law (943.0585 & 943.059) requires law enforcement applicants to list any expunged or sealed record(s), whether adult, juvenile, civilian or military.

1. Have you ever been arrested, charged or received a notice or summons to appear for any criminal violation?	<u>Yes/No</u>
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If you answered “yes” to the above, give details in the following space, even if not formally charged, no court appearance, not found guilty, or the matter was settled by payment of a fine or forfeiture of collateral. Include your juvenile and/or any expunged or sealed record(s):

Dates	Police Agency	Charge	Court/Place	Disposition

3. Have you ever been placed on court probation? \_\_\_\_ If yes, give details:

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4. Have you ever been required to appear before a juvenile court for an act that would have been a crime if committed as an adult? \_\_\_\_ If yes, give details

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5. Have you ever been convicted of a misdemeanor crime of domestic violence? \_\_\_\_ If yes, give details:

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6. Have you ever sold, transported, delivered, used or possessed any illegal drugs? \_\_\_\_ If yes, explain in detail:

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7. Have you ever been penalized by a governmental regulatory agency in conjunction with a license or permit? \_\_\_\_ If yes, give details:

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8. Have you ever committed a crime, such as theft, possession of illegal drugs, firearms offenses, fraud, passing worthless checks, etc., even if you were not caught or arrested? \_\_\_\_\_ If yes, give details:

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9. Have you ever been a plaintiff or defendant in a court action? \_\_\_\_\_ If yes, give date, place, name of parties involved, nature of action (including divorce proceedings) and final disposition:

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**MILITARY HISTORY**

Are you registered for Selective Service? \_\_\_\_\_

If yes, Selective Service #: \_\_\_\_\_

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Have you ever served on active duty in the Armed Forces of the United States?

Dates	Branch	Highest Rank	Serial Number

Are you now or have you ever been a member of a reserve unit or the National Guard? \_\_\_\_\_ Dates: \_\_\_\_\_ Branch: \_\_\_\_\_

Location: \_\_\_\_\_

Have you ever had any type of disciplinary action taken against you in the service? \_\_\_\_\_ If yes, give details:

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**DRIVING HISTORY**

1. Do you have a valid Florida Drivers' License?			<b>Yes/No</b>
<b>License Number</b>	<b>Expiration Date</b>	<b>Restrictions</b>	

2. List all other states where you have been granted a license to operate a motor vehicle:		
<b>State &amp; City</b>	<b>Name</b>	<b>Type &amp; Date</b>

3. Have you ever been denied issuance of a driver's license or have you ever had a driver's license suspended or revoked? \_\_\_\_\_ If yes, give details:

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4. Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance? \_\_\_\_\_ If yes, give details: \_\_\_\_\_

5. Have you ever been involved in a motor vehicle accident? \_\_\_\_\_ If yes, give details: \_\_\_\_\_

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6. List all traffic citations or tickets, excluding parking violations, which you have received within the past seven (7) years, regardless of state:				
Date	Location	Agency	Violation	Disposition

**REFERENCES**

List five (5) individuals who have known you well for the past five (5) years, excluding relatives and employers:

Name:	Occupation:
<b>Current Address</b>	<b>Telephone Numbers</b>
Street	Home
Apt. No.	(        )        -
City	Work
State/Zip	(        )        -

Name:	Occupation:
<b>Current Address</b>	<b>Telephone Numbers</b>
Street	Home
Apt. No.	(        )        -
City	Work
State/Zip	(        )        -

Name:	Occupation:
<b>Current Address</b>	<b>Telephone Numbers</b>
Street Apt. No.	Home (       )       -
City State/Zip	Work (       )       -

Name:	Occupation:
<b>Current Address</b>	<b>Telephone Numbers</b>
Street Apt. No.	Home (       )       -
City State/Zip	Work (       )       -

Name:	Occupation:
<b>Current Address</b>	<b>Telephone Numbers</b>
Street Apt. No.	Home (       )       -
City State/Zip	Work (       )       -

**FINANCIAL STATUS**

List all outstanding debts, including credit cards, charge accounts, mortgages, contracts, loans, etc.:

Creditor/Company	City/State	Amount

List all current debts (including child support) which are 30 days **past due**:

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Have you ever had any debts turned over to a collection agency? \_\_\_\_\_ If yes, give details:

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Have you ever had any goods you purchased repossessed? \_\_\_\_\_ If yes, give details:

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Have you ever had your wages garnished? \_\_\_\_\_ If yes, give details:

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Have you, your spouse or a company controlled by you been subject to a tax lien, other lien or had a judgement rendered against you for a debt? \_\_\_\_\_ If yes, give details:

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Have you, your spouse, or a company controlled by you ever filed for bankruptcy? \_\_\_\_\_ If yes, give details:

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**EDUCATION (attach a copy of your transcripts or diploma)**

List all training courses, registrations, licenses, certifications, special skills, etc., **not already listed** on the State of Florida Employment

Application: \_\_\_\_\_

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Have you ever been suspended, expelled or had any kind of disciplinary action taken against you during any course, college, university, technical school or training center? \_\_\_\_\_ If yes, give details:

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Have you ever participated in a criminal justice intern program? \_\_\_\_\_ If yes:

Agency Name: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**HONORS, AWARDS, AND LEADERSHIP POSITIONS**

List any honors and awards you have received, and all leadership positions you have held:

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**SUPPORTING DOCUMENTATION**

**If selected as a finalist a full background investigation will be conducted. You will be required to provide supporting documentation regarding your age, citizenship, education, licenses, certifications, military service, job evaluations, letters of recommendation and any other documentation deemed necessary to verify any information you have provided during the application process.**

I, \_\_\_\_\_, understand that any position offered will be contingent upon the results of a complete background investigation. I am also aware that withholding information or making false statements on this supplemental application will be the basis for exclusion from employment with the Division of Insurance Fraud. I agree to these conditions and certify that all statements on this supplemental application are true.

Signature of  
Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**An incomplete application may result in your application not being processed.**

DOI# \_\_\_\_\_